2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 10, 2001 8:00 am Secretary of State DOCUMENT # P00000106529 1. Entity Name MORRIS MILTER ASSOCIATES, INC. 05-10-2001 90189 015 ***150.00 MORRIS MILLER ASSOCIATES Principal Place of Business Mailing Address 9784 GRAND VERDE WAY 9784 GRAND VERDE WAY LINIT 601 UNIT 601 **BOCA RATON FL 33428 BOCA RATON FL 33428** 3. Mailing Address 2. Principal Place of Business 1049 SW 30 N Ave 1049 SW 300 Arc Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Decepieus Beres DENLA Not Applicable Country \$8.75 Additional Certificate of Status Desired П BROWALD 33442 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Delete TITLE ☐ Change ☐ Addition PEARLSTEIN, KENNETH NAME NAME STREET ADDRESS 9784 GRAND VERDE WAY STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33428** CITY-ST-ZIP TITLE VSTD Oelete TIT! F ☐ Addition ☐ Change NAME PEARLSTEIN, MARILYN NAME STREET ADDRESS 9784 GRAND VERDE WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33428** TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Management Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/01 954-571-7773 Dule Daytime Phone # 4203